




Record each **PLACE** you go, starting with your location at 3:00 a.m. on your travel day and ending with your location at 2:59 a.m. the following day.

	FOR EACH PLACE: Please record the NAME OF THE PLACE you visited and the EXACT ADDRESS or NEAREST MAJOR INTERSECTION CITY and ZIP CODE	What TIME did you ARRIVE? <i>Record exact time</i>
PLACE 1	Your location at 3:00 a.m.: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	
PLACE 2	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	
PLACE 3	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	
PLACE 4	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	
PLACE 5	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	
PLACE 6	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	

(Questions? See the Instructions & Example  
or call the toll-free hotline at 877-261-4621)

HOW did you GET there? <i>Use the LIST 1 CODES</i>	NUMBER of people traveling with you? <i>Don't include yourself</i>	IF AUTO/TRUCK/VAN:  <i>Which household VEHICLE? Make &amp; Model</i>	IF TRANSIT:  <i>Did you GET OUT of your vehicle?</i>	IF TRANSIT:  <i>Which ROUTE # or LINE?</i>	WHAT did you DO there? <i>Use the LIST 2 CODES</i>	What TIME did you LEAVE? <i>Record exact time</i>
					List ALL codes that apply	____:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	____:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	____:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	____:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	____:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	____:____ am / pm

Continue 

# CONTINUE

If you have more than 12 places, please record them on a separate piece of paper.

FOR EACH PLACE:		What TIME did you ARRIVE? <i>Record exact time</i>
Please record the NAME OF THE PLACE you visited and the EXACT ADDRESS or NEAREST MAJOR INTERSECTION CITY and ZIP CODE		
PLACE 7	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	: am / pm
PLACE 8	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	: am / pm
PLACE 9	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	: am / pm
PLACE 10	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	: am / pm
PLACE 11	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	: am / pm
PLACE 12	Next PLACE: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus stop or Train station <i>Provide the name of the place and as much of the address as possible below:</i>	: am / pm

- 6 If you traveled in a VEHICLE owned by your HOUSEHOLD, tell us the Make and Model.
- 7 Did you get out of your vehicle at this place?
- 8 If you rode Transit, record which route number or line you used.
- 9 Record ALL the codes that apply from the **LIST 2 CODES** (located on the flap of this Log) for "WHAT did you DO there?"
- 10 EXACT TIME you LEAVE each place.

4	5	6	7	8	9	10
HOW did you GET there? <i>Use the LIST 1 CODES</i>	NUMBER of people traveling with you? <i>Don't include yourself</i>	IF AUTO/TRUCK/VAN: <i>Which household VEHICLE? Make &amp; Model</i>	IF TRANSIT: <i>Did you GET OUT of your vehicle? Which ROUTE # or LINE?</i>	WHAT did you DO there? <i>Use the LIST 2 CODES</i>	What TIME did you LEAVE? <i>Record exact time</i>	
X	X	X	X	X	7 : 11 am / pm	
LIST 1 CODE 3 only	1	Honda Civic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LIST 2 CODES 12 only that apply	7 : 21 am / pm	
LIST 1 CODE 3 only	1	Honda Civic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LIST 2 CODES 8 only that apply	7 : 34 am / pm	
LIST 1 CODE 3 only	0	Honda Civic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LIST 2 CODES 3 only that apply	12 : 01 am / pm	

For assistance, call NuStats toll free at 877-261-4621